

Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mr.PREM PAL SINGH-ACP	Registered On	: 02/Oct/2021 09:46:29
Age/Gender	: 47 Y O M O D /M	Collected	: 02/Oct/2021 10:09:38
UHID/MR NO	: IDUN.0000151511	Received	: 02/Oct/2021 10:38:47
Visit ID	: IDUN0272942122	Reported	: 02/Oct/2021 12:09:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , <i>Blood</i> Blood Group Rh (Anti-D)	0 POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin TLC (WBC)	16.80 7,350.00	g/dl /Cu mm	13.5-17.5 4000-10000	PHOTOMETRIC ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	53.20	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.50	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.60	%	3-5	ELECTRONIC
Eosin <mark>ophils</mark>	3.20	%	1-6	ELECTRONIC
Basophils	0.50	%	<1	ELECTRONIC
ESR				INFEDANCE
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.		
PCV (HCT) Platelet count	50.40	CC %	40-54	
Platelet Count	2.53	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	14.30	fL	9-17	ELECTRONIC
P-LCR (Platelet Large Cell Ratio)	40.40	%	35-60	ELECTRONIC
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC
MPV (Mean Platelet Volume)	10.30	fL	6.5-12.0	ELECTRONIC
RBC Count RBC Count	5.11	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE





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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	98.60	fl	80-100	CALCULATED PARAMETER
MCH	32.80	pg	28-35	CALCULATED PARAMETER
MCHC	33.30	, %	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	3,900.00 240.00	/cu mm /cu mm	3000-7000 40-440	



DR. RITU KALIA MD (PATHOLOGY)



Home Sample Collection



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	U	nit Bio. Ref. Inter	val Method
Glucose Fasting Sample:Plasma	113.14	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
Interpretation: a) Kindly correlate clinically with inta b) A negative test result only shows t will never get diabetics in future, whi c) I.G.T = Impared Glucose Tolerand	hat the person does not have dial ch is why an Annual Health Chec	betes at the	time of testing. It does no	
Glucose PP Sample:Plasma After Meal	140.24	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
Interpretation: a) Kindly correlate clinically with inta b) A negative test result only shows t will never get diabetics in future, whi c) I.G.T = Impared Glucose Tolerand	hat the person does not have dial ch is why an Annual Health Chec	betes at the	time of testing. It does no	

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.82	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	40.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	120	mg/dl	

Interpretation:

<u>NOTE</u>:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name

Result

Unit E

Bio. Ref. Interval Method

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) *

11.80

mg/dL 7.0-23.0

CALCULATED





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Uı	nit Bio. Ref. Interv	val Method
Sample:Serum				
	0.00	···· · / ·!!	0710	
Creatinine Sample:Serum	0.99	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	86.00	ml/min/1.73m	n2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Jric Acid Sample:Serum	6.17	mg/dl	3.4-7.0	URICASE
F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	49.69	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	67.24	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	76.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.32	gm/dl	6.2-8.0	BIRUET
Albumin	4.81	gm/dl	3.8-5.4	B.C.G.
Globulin	2.51	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.92		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	101.52	U/L	42.0-165.0 .	IFCC METHOD
Bilirubin (Total)	0.49	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.22	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.27	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	171.12	mg/dl	<200 Desirable 200-239 Borderline Hig > 240 High	CHOD-PAP h
HDL Cholesterol (Good Cholesterol)	37.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	108	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Hig 160-189 High > 190 Very High	
VLDL	25.99	mg/dl	10-33	CALCULATED
	129.93	mg/dl	< 150 Normal 150-199 Borderline Hig 200-499 High >500 Very High	GPO-PAP





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Sugar	ADCENT	ama0/	> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	CONV.		DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			MICROSCOPIC
				EXAMINATION
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Othoro				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (5.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
	A DOCNIT			



Pus cells

ABSENT



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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2		and the second		
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
			and a second	
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				
(+++) 1-2 gms%				
(++++) > 2 gms%				



DR. RITU KALIA MD (PATHOLOGY)







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total *	0.690	na/mL	< 2.0	CLIA	
Sample:Serum	0.070	g/TIL	. 210	0201	

Interpretation:

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone⁻
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	141.70	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.65	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.49	µIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	µIU/mL	First Trimest	ter
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ster
0.5-8.9	µIU/mL	Adults	55-87 Years
0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
0.7-64	µIU/mL	Child(21 wk	- 20 Yrs.)
1-39	µIU/mL	Child	0-4 Days
1.7-9.1	µIU/mL	Child	2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.







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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



DR. RITU KALIA MD (PATHOLOGY)

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION : NORMAL X-RAY



Dr. Amit Bhandari MBBS MD RADIOLOGY

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

<u>LIVER</u>

• The liver is enlarged and measures 161.3 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

GREAT VESSELS

• Great vessels are normal.

RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a homogenous echotexture.

LYMPHNODES

• No pre-or-para aortic lymph node mass is seen.

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<u>URETERS</u>

• Both the ureters are normal.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

• The prostate gland is normal in texture and size. No focal mass or capsular breech is seen.

IMPRESSION

GRADE I DIFFUSE FATTY CHANGE OF LIVER

** End Of Report **

(*) Test not done under NABL accredited Scope

Result/s to Follow: ECG / EKG, TREAD MILL TEST



DR. R B KALIA MD (RADIOLOGIST)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * 365 Days Open *Facilities Available at Select Location

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